



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
BUREAU OF WASTE MANAGEMENT  
CURTIS STATE OFFICE BUILDING  
1000 SW JACKSON, SUITE 320  
TOPEKA, KANSAS 66620



**SAFETY ASSESSMENT FORM  
RECYCLING FACILITY**

**General  
am/pm**

**Assessment Date** \_\_\_\_\_ **Time** \_\_\_\_\_

Facility Name \_\_\_\_\_ District \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Kansas ZIP \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

County \_\_\_\_\_ Phone \_\_\_\_\_

Contact(s) \_\_\_\_\_

Location: Latitude \_\_\_\_\_

Longitude \_\_\_\_\_

Type of Ownership: County \_\_\_\_\_ City \_\_\_\_\_ Private \_\_\_\_\_

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Volunteers \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Types of Materials Accepted: (See attached check list)

## Questions For Recycling Facility Managers:

|  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Do you have an active safety and health program?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, is one person clearly responsible for the overall activities of the safety and health program?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. What is the frequency of safety meetings?_____  |                          |                          |                          |                          |
| c. Do you have a safety committee?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a written safety and health plan? Explain it's major parts:_____                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  |                          |                          |                          |                          |
| _____  |                          |                          |                          |                          |
| _____  |                          |                          |                          |                          |
| 3. Do you have a working procedure for handling employee complaints regarding safety and health? Explain:_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  |                          |                          |                          |                          |
| _____  |                          |                          |                          |                          |
| _____  |                          |                          |                          |                          |
| 4. Have you modified your operations plan since opening the facility? If yes, explain:_____                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____  |                          |                          |                          |                          |
| _____  |                          |                          |                          |                          |
| _____  |                          |                          |                          |                          |
| _____  |                          |                          |                          |                          |

### **MEDICAL SERVICES AND FIRST AID**

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. Is there a written emergency contingency plan for what to do in case of a medical emergency (other than calling 911)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, please explain what is covered in the plan  |                          |                          |                          |                          |
| _____  |                          |                          |                          |                          |
| _____  |                          |                          |                          |                          |
| _____  |                          |                          |                          |                          |
| _____  |                          |                          |                          |                          |
| _____  |                          |                          |                          |                          |

|  | Yes                      | No                       | N/A                      | NO                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. Do you require each employee to have a pre-employment physical examination?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are hearing tests included in the exam?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there a hospital or clinic in the proximity of your workplace?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, how far away is the hospital? _____miles  |                          |                          |                          |                          |
| b. If medical and first aid facilities are not in the proximity of your workplace, is at least one employee on each shift qualified to render first aid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Is there a phone at the facility to use in case of an emergency?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are emergency phone numbers posted?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Are first aid kits easily accessible to each work area?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, are the necessary supplies periodically inspected and replenished?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are means provided for flushing the eyes in the area where materials are being handled that may injure the eyes?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are employees CPR trained?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>FIRE PROTECTION</b>   |                          |                          |                          |                          |
| 13. Does your facility have a fire alarm system?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, is it tested annually?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Does your facility have an automatic sprinkler system?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, are automatic sprinkler system water control valves, air and water pressure checked weekly or periodically?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are portable fire extinguishers provided?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, how many are there and where are they located? # _____<br>(Note location of fire extinguishers on facility layout)                            |                          |                          |                          |                          |
| b. Are fire extinguishers recharged regularly and noted on the tag?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| c. Are employees periodically instructed in the use of extinguishers and fire protection procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. If yes, how often _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### **PERSONAL PROTECTIVE EQUIPMENT (PPE) AND CLOTHING**

- |   | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 16. Is personal protective equipment provided for the employees ?<br>(check all that apply) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Goggles\_\_\_\_ Safety Glasses\_\_\_\_ Face Shields\_\_\_\_  
 Aprons\_\_\_\_ Steel Toe Boots\_\_\_\_ Hard Hats \_\_\_\_  
 Ear Plugs\_\_\_\_ Respirators \_\_\_\_ Gloves \_\_\_\_  
 Other\_\_\_\_\_

- |  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 17. Are employees required to wear PPE ? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|--------------------------|

a. If so, what is required and when?

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### **MACHINE GUARDING**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 18. Is there a training program to instruct employees on safe methods of machine operation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|

|   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. If yes, are employees tested or otherwise certified in someway that they have been properly trained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 19. Is there a regular program of safety inspection of machinery and equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|

a. If yes, How often are inspections?

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|                         |                          |                          |                          |                          |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| b. Are they documented? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 20. Are provisions made to prevent machines from automatically starting when power is restored after a power failure or shutdown? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|

| <b>LOCKOUT/TAGOUT PROCEDURES</b>  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. Is all machinery or equipment capable of movement required to be de-energized or disengaged and blocked or locked-out during cleaning, servicing, adjusting or setting up of operations?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Is the locking-out of control circuits in lieu of locking-out main power disconnects prohibited?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Does the lock-out procedure require that stored energy (mechanical, hydraulic, air, etc.) be released or blocked before equipment is locked-out for repairs?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Are appropriate employees provided with individually keyed personal safety locks?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Are employees required to keep personal control of their key(s) while they have safety locks in use?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Is it required that only the employee exposed to the hazard place or remove the safety lock?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Is it required that employees check the safety of the lock-out by attempting a start up after making sure no one is exposed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Are employees instructed to always push the control circuit stop button prior to re-energizing the main power switch?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Is there a means provided to identify any or all employees who are working on locked-out equipment by their locks or accompanying tags?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Are a sufficient number of tags and padlocks provided for any reasonably foreseeable repair emergency?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. When machine operations, configuration, or size requires the operator to leave his or her control station to install tools or perform other operations, and that part of the machine could move if accidentally activated, is such component required to be separately locked or blocked out? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. In the event that equipment or lines cannot be shut down, locked-out and tagged, is a safe job procedure established and rigidly followed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**MOTORIZED VEHICLES****Yes****No****N/A****NO**

List all motorized vehicles used at the facility (including borrowed, loaned and part time used equipment)

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|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 32. Are only employees who have been trained in the proper use of industrial trucks allowed to operate them?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Are lift truck operating rules posted?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Are motorized vehicles with internal combustion engines operated in enclosed areas carefully checked to ensure such operations do not cause a harmful concentration of dangerous gases? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Are motorized vehicles inspected daily or prior to use?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, are inspections documented?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Are trucks shut off and the brake set prior to loading or unloading?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**ENVIRONMENTAL CONTROLS**

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 37. Is machinery cleaned with compressed air?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, is air pressure controlled and personal protective equipment or other safeguards utilized to protect operators and other workers from eye and body injury? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. Is vacuuming with appropriate equipment used whenever possible rather than blowing or sweeping dust?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Is all water provided for drinking and washing potable?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Are employees' physical capacities assessed before being assigned to jobs requiring heavy work?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|     |   | Yes                      | No                       | N/A                      | NO                       |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 41. | Are employees instructed in the proper manner of lifting heavy objects?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. | Are employees prohibited from smoking or eating in any area where contaminants, which could be injurious if ingested, are present?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. | Are employees screened before assignment to areas of high heat to determine if their health condition might make them more susceptible to having an adverse reaction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### **FLAMMABLE AND COMBUSTIBLE MATERIALS**

|     |   |                          |                          |                          |                          |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 44. | Are combustible scrap, debris, and waste materials stored in covered metal receptacles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a.  | Are they removed from work areas daily?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### **HAZARDOUS SUBSTANCES COMMUNICATION**

|     |   |                          |                          |                          |                          |
|-----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 45. | Have hazardous substances been identified which may cause harm by inhalation, ingestion, skin absorption or contact?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. | Are employees aware of the hazards involved with the various chemicals they may be exposed to in their work environment?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. | Is there a list of hazardous substances used in your workplace?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 48. | Is there a written hazard communication program dealing with Material Safety Data Sheets {MSDS}, labeling, and employee training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 49. | Is there an employee training program for hazardous substances?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### **ELECTRICAL**

|     |  |                          |                          |                          |                          |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 50. | Is the location of electrical power lines and cables (overhead, underground, underfloor, other side of walls, etc.) determined before digging, drilling, or similar work is begun? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. | Are employees who regularly work on or around energized electrical equipment or lines instructed in the cardio-pulmonary resuscitation (CPR) methods?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>NOISE</b>  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 52. Has there been a determination that noise levels in the facilities are within acceptable levels?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Have work areas where noise levels make voice communication between employees difficult been identified and posted?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Are steps being taken to use engineering controls to reduce excessive noise levels?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Is approved hearing protective equipment (noise attenuating devices) available to every employee working in noisy areas?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. If hearing protectors are used, are employees properly fitted and instructed in their use?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>FUELING</b>  |                          |                          |                          |                          |
| 57. Is it prohibited to fuel an internal combustion engine with a flammable liquid while the engine is running?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Are fueling operations done in such a manner that likelihood of spillage will be minimal?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. When spillage occurs during fueling operations, is the spilled fuel washed away completely, evaporated, or other measures taken to control vapors before restarting the engine? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Are fuel tank caps replaced and secured before starting the engine?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. Is it prohibited to handle or transfer gasoline in open containers?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Is smoking prohibited in the vicinity of fueling operations?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Observation of Recycling Activities

### WEATHER CONDITIONS

Time of assessment\_\_\_\_\_ am/pm

Sunny\_\_\_\_, Mostly Sunny\_\_\_\_, Partly Sunny/Cloudy\_\_\_\_, Mostly Cloudy\_\_\_\_, Cloudy\_\_\_\_

Wind Speed (approx)\_\_\_\_\_ mph

Wind direction from the: North\_\_\_\_, South\_\_\_\_, East\_\_\_\_, West\_\_\_\_,

North East\_\_\_\_, North West\_\_\_\_, South East\_\_\_\_, South West\_\_\_\_

Temperature (approximate)\_\_\_\_\_EF

### GENERAL WORK ENVIRONMENT

|   | Yes                      | No                       | N/A                      | NO                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 63. Are all work sites clean and orderly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 64. Are work surfaces kept dry or are appropriate means taken to assure the surfaces are slip-resistant?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 65. Are all spilled materials or liquids cleaned up immediately?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 66. Are covered metal waste cans used for oily waste?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 67. Are all toilets and washing facilities clean and sanitary?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 68. Are all work areas adequately illuminated?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 69. Are pits and floor openings covered or otherwise guarded?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 70. Is there a public drop off area for materials?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, does the drop off area present any noticeable safety concerns for the public. List concerns_____ |                          |                          |                          |                          |
| _____   |                          |                          |                          |                          |
| _____   |                          |                          |                          |                          |
| _____   |                          |                          |                          |                          |

**WALKWAYS**

|  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 71. Are aisles and passageways kept clear?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 72. Are aisles and walkways marked?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 73. Are wet surfaces covered with non-slip materials?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 74. Are holes in the floor, sidewalks or other walking surfaces repaired properly, covered or otherwise made safe?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 75. Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 76. Are aisles or walkways that pass near moving or operating machinery, welding operations, or similar operations arranged so employees will not be subjected to potential hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 77. Is adequate headroom provided for the entire length of any aisle or walkway?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 78. Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**ELEVATED SURFACES**

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 79. Are signs posted, when appropriate, showing the elevated surface load capacity?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 80. Are all elevated surfaces (beneath which people or machinery could be exposed to falling objects) provided with standard 4-inch toeboards?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 81. Is a permanent means of access and egress provided to elevated storage and work surfaces?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 82. Is material on elevated surfaces piled, stacked or racked in a manner to prevent it from tipping, falling, collapsing, rolling or spreading? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**EXITING**

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 83. Are all exits well-marked with an EXIT sign?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 84. Are the directions to exits, when not immediately apparent, marked with visible signs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  | Yes                      | No                       | N/A                      | NO                       |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 85. Are all exits kept free of obstructions?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 86. Are there sufficient exits to permit prompt escape in case of emergency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## **HAND AND POWER TOOLS**

|   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 87. Are all tools and equipment in good condition?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 88. Are appropriate safety glasses, face shields, gloves, etc. used while using hand tools or equipment which might produce flying materials or be subject to breakage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 89. Are tools stored in a dry, secure location where they will not be tampered with?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 90. Are grinders, saws and similar equipment provided with appropriate safety guards?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 91. Are rotating or moving parts of equipment guarded to prevent physical contact?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 92. Are all cord-connected, electrically-operated tools and equipment effectively grounded or of the approved double-insulated type?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## **MACHINE GUARDING**

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 93. Is all machinery and equipment kept clean and properly maintained?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 94. Is sufficient clearance provided around and between machines to allow for safe operations, set-up and servicing, material handling, and waste removal? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 95. Is equipment and machinery securely placed and anchored to prevent tipping or other movement that could result in personal injury?                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 96. Is there a power shut-off switch within reach of the operator's position at each machine?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 97. Can electric power to each machine be locked out for maintenance, repair, or security?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 98. Are foot-operated switches guarded or arranged to prevent accidental actuation by personnel or falling objects?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | Yes                      | No                       | N/A                      | NO                       |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 99. Are switches and valves used by a machine operator clearly identified and readily accessible?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 100. Are all emergency stop buttons colored red?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. Are all pulleys and belts that are within 7 feet of the floor or working level guarded?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. Are methods provided to protect the operator and other employees in the machine area from hazards created at the point of operation, ingoing nip points, rotating parts, flying chips, and sparks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. Are fan blades protected with a guard having openings no larger than one-half inch when operating within 7 feet of the floor?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### **MOTORIZED VEHICLES**

|   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 104. Are bollards or other similar devices used to protect the building or machinery inside the building from collision with a moving vehicle or forklift?          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 105. Does each motorized vehicle have a warning horn, whistle, gong, or other device which can be clearly heard above the normal noise in the areas where operated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

List all equipment observed at the facility \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **ENVIRONMENTAL CONTROLS**

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 106. Note lighting sample levels on map and data sheet   |                          |                          |                          |                          |
| 107. Are all work areas properly illuminated?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 108. Are all outlets for water not suitable for drinking clearly identified?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 109. Where heat is a problem, have all fixed work areas been provided with spot cooling or air conditioning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>FLAMMABLE AND COMBUSTIBLE MATERIALS</b>  | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 110. Is proper storage practiced to minimize the risk of fire, including spontaneous combustion?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 111. Are approved containers and tanks used for the storage and handling of flammable and combustible liquids?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 112. Are all flammable liquids kept in closed containers when not in use (e.g. parts cleaning tanks, etc.)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 113. Are fire extinguishers selected and provided for the types of materials in areas where they are to be used?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 114. Are extinguishers free from obstructions or blockage?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 115. Are all extinguishers serviced, maintained and tagged at intervals not to exceed one year?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 116. Are all extinguishers fully charged and in their designated places?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 117. Are NO SMOKING signs posted where appropriate?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>HAZARDOUS SUBSTANCES COMMUNICATION</b>   |                          |                          |                          |                          |
| 118. Is each container for a hazardous substance {i.e., bottles, tanks, etc.) labeled with product identity and a hazard warning {communication of the specific health hazards and physical hazards)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>ELECTRICAL</b>   |                          |                          |                          |                          |
| 119. Are electrical appliances such as vacuum cleaners and vending machines grounded?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 120. Do extension cords being used have a grounding conductor?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 121. Are flexible cords and cables free of splices or taps?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 122. Are all cord, cable, and raceway connections intact and secure?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 123. Are ground-fault circuit interrupters installed on outlets in wet areas?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 124. In wet or damp locations, are electrical equipment and tools appropriate for the use, or location or otherwise protected?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 125. Are all disconnecting switches and circuit breakers labeled to indicate their use or equipment served?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 126. Are all energized parts of electrical circuits and equipment guarded by approved cabinets or enclosures against accidental contact?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 127. Is sufficient access and working space provided and maintained about all electrical equipment to permit ready and safe operations and maintenance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## **NOISE**

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 128. Are there areas in the workplace where continuous noise levels exceed 85dba? (Note location of testing on map & data sheets. Take at least three readings.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 129. Have employees been offered hearing protection from management?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 130. Are employees wearing hearing protection?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 131. Have work areas where noise levels make voice communication between employees difficult been identified and posted?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 132. Have engineering controls been used to reduce excessive noise levels?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## **MATERIAL HANDLING**

|  |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 133. Is there safe clearance for equipment through aisles and doorways?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 134. Are aisleways designated, permanently marked, and kept clear to allow unhindered passage?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 135. Are trucks shut off and the brake set prior to loading or unloading?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 136. Are trucks and trailers secured from movement during loading and unloading operations?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 137. Are dock plates and loading ramps constructed and maintained with sufficient strength to support imposed loading? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 138. Are hand trucks maintained in a safe operating condition?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 139. Are chutes equipped with sideboards of sufficient height to prevent materials from falling off?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 140. Are skids and pallets inspected before being loaded or moved?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**CONTROL OF HARMFUL SUBSTANCES BY VENTILATION**

|   | <b>Yes</b>               | <b>No</b>                | <b>N/A</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 141. Is the volume and velocity of air in each exhaust system sufficient to gather the dusts, fumes, mists, vapors or gases to be controlled, and to convey them to a suitable point of disposal? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 142. Is the source point for makeup air located so that only clean, fresh air will enter the work environment?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SANITIZING EQUIPMENT AND CLOTHING**

|   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 143. Is personal protective clothing or equipment that employees are required to wear or use of a type capable of being easily cleaned and disinfected?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 144. When employees are required to change from street clothing into protective clothing is a clean change room with separate storage facility for street and protective clothing provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

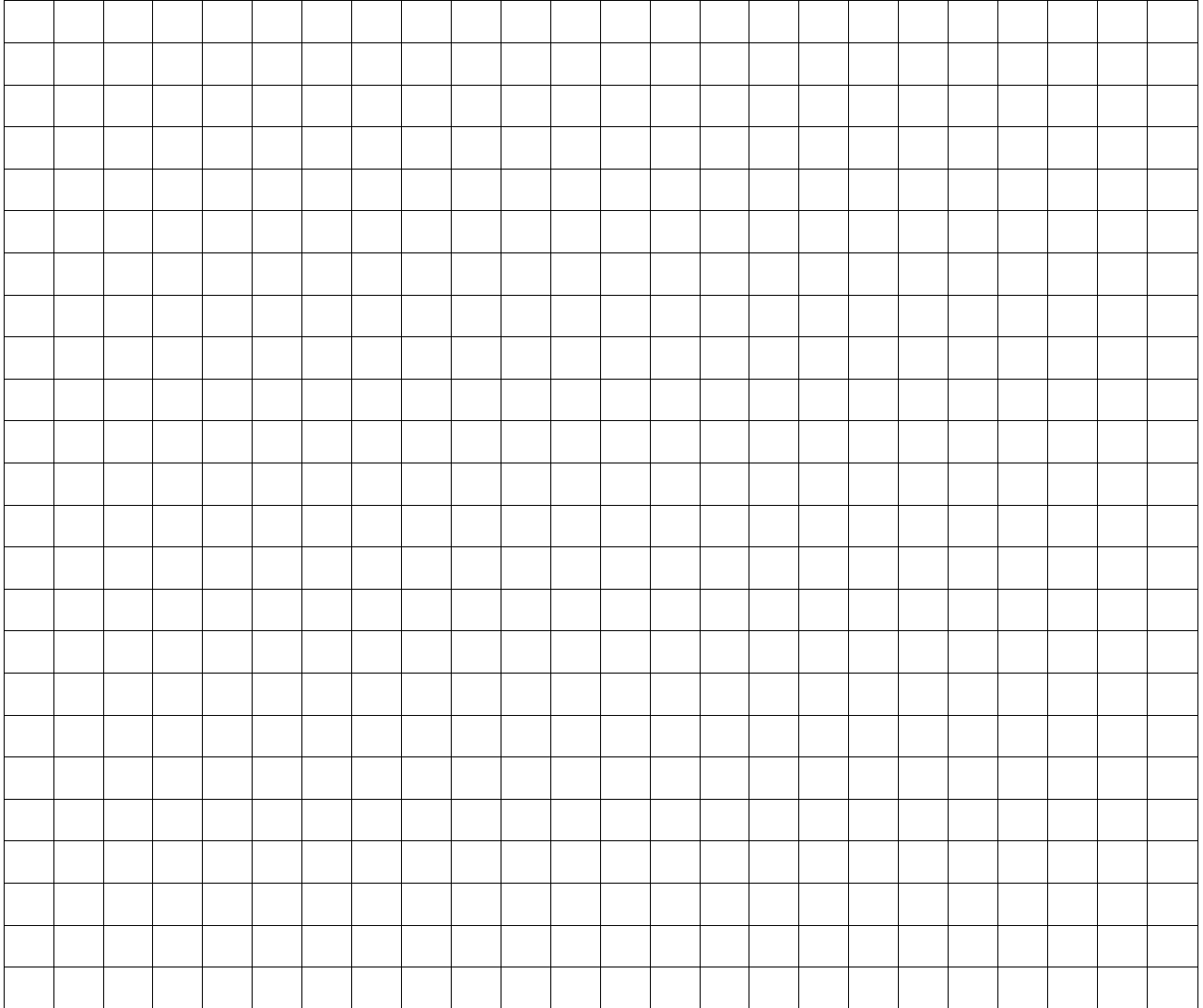
Type of Materials Accepted : Check all that apply

| <u><b>METALS</b></u>                 | <u><b>SENT TO</b></u> | <u><b>PAPER</b></u>                    | <u><b>SENT TO</b></u> |
|--------------------------------------|-----------------------|--|-----------------------|
| <b>Aluminum</b>                      |                       | Office-White Bond                      | _____                 |
| Cans                                 | _____                 | Colors                                 | _____                 |
| Foil                                 | _____                 | Mixed                                  | _____                 |
| Scrap                                | _____                 | Newspaper                              | _____                 |
| <b>Steel</b>                         | <u><b>SENT TO</b></u> | Computer                               | _____                 |
| Cans                                 | _____                 | Junk Mail                              | _____                 |
| Scrap                                | _____                 | Magazine                               | _____                 |
| Stainless                            | _____                 | Books                                  | _____                 |
| <b>Tin</b>                           |                       | Cardboard                              | _____                 |
| Cans                                 | _____                 | <u><b>PLASTIC</b></u>                  | <u><b>SENT TO</b></u> |
| Scrap                                | _____                 | # 1 PETE                               | _____                 |
| <u><b>GLASS</b></u>                  |                       | # 2 HDPE                               | _____                 |
| Brown                                | _____                 | # 3 Vinyl/ (PVC)                       | _____                 |
| Green                                | _____                 | # 4 LDPE                               | _____                 |
| Clear                                | _____                 | # 5 Polypropylene                      | _____                 |
| <u><b>BATTERIES</b></u>              |                       | # 6 Polystyrene                        | _____                 |
| Lead Acid<br>(car/truck)             | _____                 | # 7 Other                              | _____                 |
| Alkaline<br>(standard disposable)    | _____                 | <u><b>OTHER TYPES OF MATERIALS</b></u> | _____                 |
| Rechargeable<br>(NiCad, Lithium Ion) | _____                 |  | _____                 |
| Total Tonnage per month              | _____                 |  | _____                 |
| Total Tonnage per year               | _____                 |  | _____                 |

## Floor Plan

Sketch a representative drawing of the layout of the build, Show the following:

Entrances and exits, position of machinery, eye wash station, material storage areas  
Marked walkways, fire extinguishers, trenches or pits.

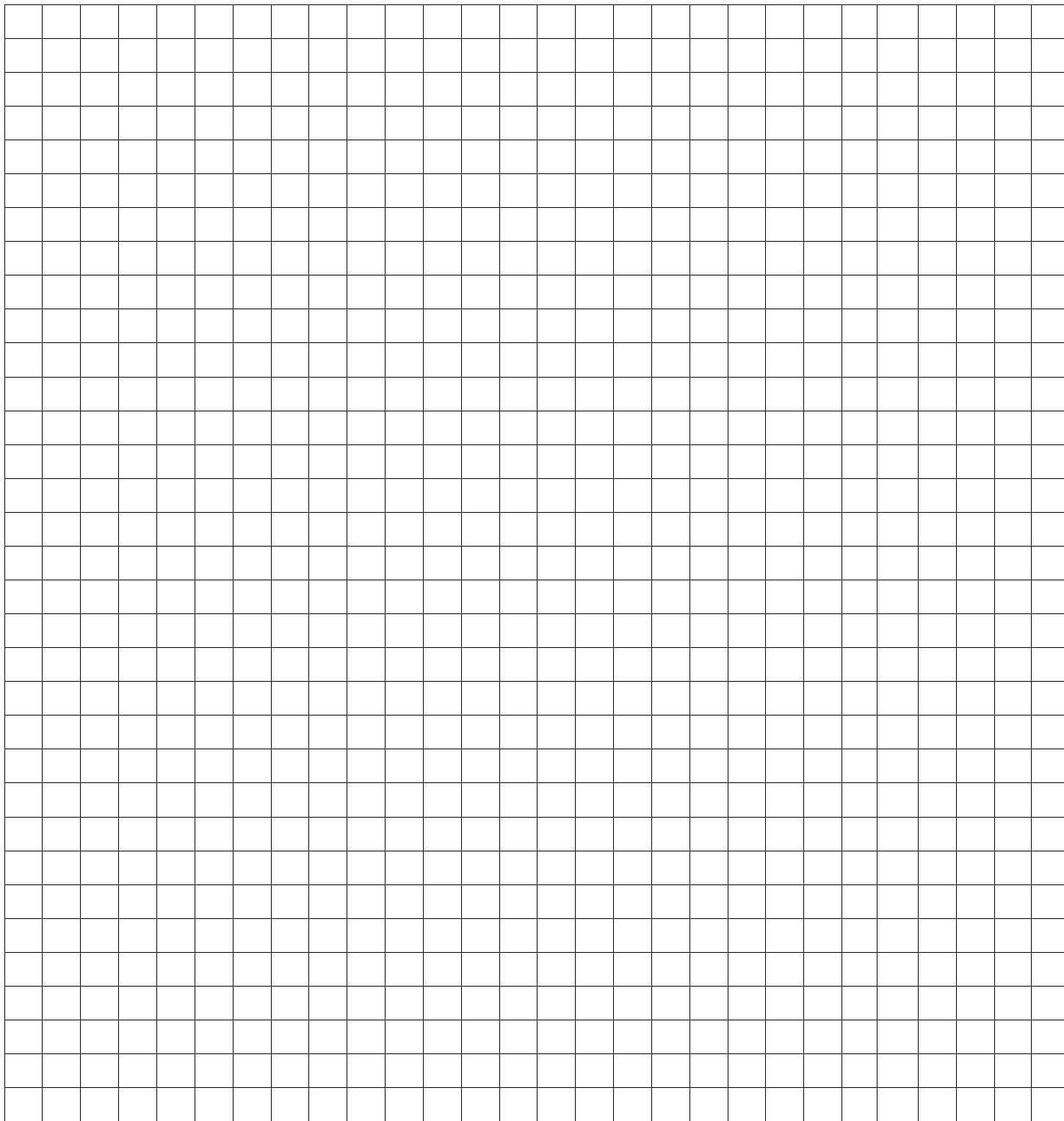


Scale: 1 Box = \_\_\_\_\_ feet



## Facility Layout

Sketch a representative drawing of the entire facility noting traffic flow, access points, storage of machinery and commodities.



Scale: 1 Box = \_\_\_\_\_ feet

